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ABSTRACT

These guidelines were developed to assist school districts in the state of Illinois to develop comprehensive health education programs for elementary and secondary schools. Time and scheduling guidelines directed by the State Superintendent of Education are outlined. The basic components of a comprehensive health education program, its curriculum, and curricular emphasis are presented. Major topic areas in the curriculum for kindergarten through sixth grade are listed with indications of curricular emphasis at each level. A reprint is included of the "Critical Health Problems and Comprehensive Health Education Act," legislated in Illinois in 1971. Appended are brief outlines of the curricular categories required by the Act and a sample self-evaluation instrument for local use by school administrators in assessing the extent of their compliance with the intentions of Illinois health education legislation. (JD)

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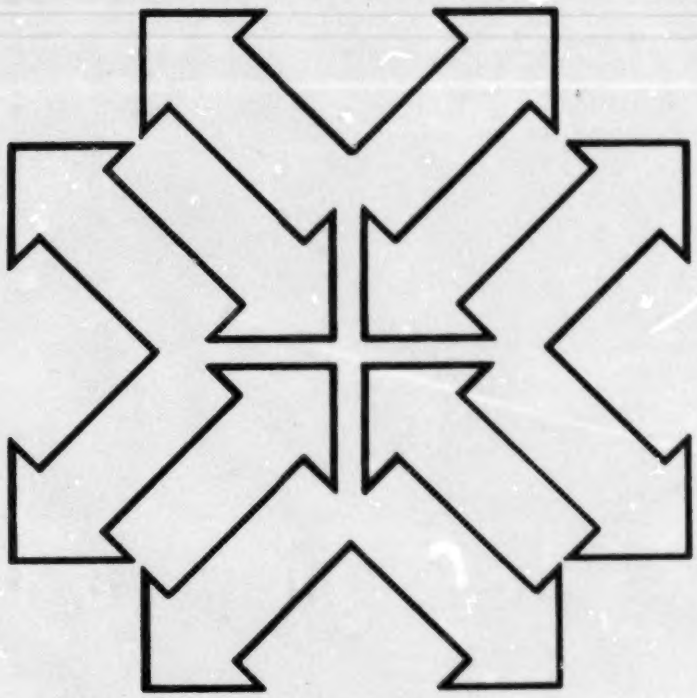
ED220427

Implementing The "Critical Health Problems and Comprehensive Health Education Act"

GUIDELINES FOR



SP 020 551

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Updated and Reprinted February 1981

This document does *not* constitute a revision of the rules and regulations and guidelines originally distributed in 1973, filed with the Secretary of State, and entitled *Rules and Regulations to Govern the Administration and Operation of Comprehensive Health Education Programs* based on the *"Critical Health Problems and Comprehensive Health Education Act."*

GUIDELINES

INTRODUCTION

The *Guidelines for Implementing the "Critical Health Problems and Comprehensive Health Education Act"* were developed, printed, and distributed to all school districts in March 1973.

Because of Federal Legislation (Title IX) and other changes in regulations associated with teacher requirements, the guidelines have been updated; *however, no changes have been made in time requirements or scheduling procedures.*

Most school districts have made excellent progress in planning comprehensive health education programs which meet the intent of the legislation.

The three major persistent issues which remain unresolved in many districts are the need to: (1) appoint a coordinator/director to direct, supervise, and coordinate the health education program; (2) upgrade the competence of health education teachers to meet at least minimal standards for teaching health education; and (3) incorporate instructional techniques which will emphasize student involvement and the affective domain.

These guidelines were originally developed to assist school districts to develop comprehensive health education programs which would assist Illinois youth to make wise personal decisions in matters of health. That purpose is still the paramount consideration.

The "Critical Health Problems and Comprehensive Health Education Act" (copy appended) was signed into law on August 31, 1971. Authority and responsibility for implementing the legislation at the local district level rest with the local board of education and the school administration.

Because of the scope, nature, and magnitude of the legislation, each school district is encouraged to develop provisions whereby the health education program can be evaluated regularly to insure that it is meeting the requirements and intent of the legislation, as well as critical health problems which may arise at the local level.

It is the responsibility of the district administration and board of education to maintain a file which contains the program of studies and evidence that each student has received instruction in health education as required by the legislation.

POWERS OF THE STATE SUPERINTENDENT OF EDUCATION

Key provisions of the Act empower the State Superintendent of Education to:

(a) Establish the minimum amount of instruction time to be devoted to comprehensive health education at all elementary and secondary grade levels.

(b) Establish guidelines to aid local school districts in developing comprehensive health education programs at all grade levels.

Time and Scheduling Guidelines

1. Health education should be identified and developed as a distinct subject matter area in the school curriculum, even though it has inherent relationships to several other subject matter areas.

2. Health education programs should be developed around program objectives and behavioral goals for students; adequate instructional time should be allocated to accomplish these goals and objectives. Time allotments may vary depending on individual and community needs but shall not be less than the recommended minimum. School districts are encouraged to continue present scheduling patterns that provide elective courses in health education beyond the minimum requirements.

Health Education, Grades K-6

The health education program at the elementary level should place strong emphasis on the health guidance of elementary school children. Many of the health education experiences of primary-age children should be planned around the regular school program and activities of daily living in the school, home, and community. While some of the most effective learning experiences for elementary school children should result from their living in an environment which promotes good health and safety, the elementary school program should also provide a planned curriculum composed of specific units of instruction for particular grade levels. (See chart, page 4.) These units of instruction should be clearly related to the comprehensive health education curriculum plan for the school district.

Health education should be a part of the regular formal instructional program offered in the elementary school. In addition, special attention should be given to opportunities for incidental instruction in health and safety education when appropriate situations arise during the school day.

Specific time requirements for the elementary health education program are purposely avoided. However, school districts are expected to have a well-developed plan which will insure that the curricular elements required by the legislation are being adequately taught.

This plan will also be of primary importance when the district is visited by the School Approval Section for recognition purposes.

Many authorities from the fields of education, medicine, and psychology feel strongly that the values and attitudes which will ultimately determine the pattern of health habits youths adopt are firmly established by the time they enter the middle or junior high school.

The elementary years, Grades 4, 5, and 6, are important. Health education programs should emphasize decision-making processes, problem solving, and values clarification techniques during this crucial period.

Health Education, Grades 7-12

The minimal time allocation shall not be less than one semester or equivalent during the middle school or junior high school experience and one semester during the senior high school experience.

Several options are available to schools for scheduling health education. The following procedures have been found to be effective:

1. A one-semester course, meeting daily and including all students at a particular grade level, is recommended. Depending upon school organization, a course may be scheduled at one of the Grades 6, 7, or 8 (middle school), 7, 8, or 9 (junior high school), and another more advanced course at one of the Grades 10, 11, or 12 (senior high school). In high schools organized on a 9-12 basis, the course may be offered at any of the grade levels. In schools organized on a K-8 basis, health education in Grades 7 and 8 may be scheduled as a separate course or on a block-of-time basis.

2. Health education may be offered in conjunction with another course on a block-of-time basis. When the block-of-time method is used, the total time devoted to health education must equal a minimum of one semester or equivalent of work during Grades 7, 8, or 9 and another semester or equivalent of work during Grades 10, 11, or 12.

3. School districts are encouraged to develop alternative scheduling procedures for health education, taking into account practices, such as modular scheduling and individualization of instruction. In these situations, the board of education must certify that the recommended minimum time allocation for health education is being met.

4. Such practices as scheduling health education on a one-day-per-week basis, utilizing massive assembly programs and/or through the use of resource persons alone are discouraged, as the educational value accruing from such procedures is questionable.

5. Integrating health education with other related disciplines usually produces an ineffective program. Such programs tend to be fraught with repetition and gaps in instruction. It is also difficult to develop programs which will make instruction available to all students. Correlated and integrated health instruction should be supplementary to, not a substitute for, direct health teaching in specific health education courses.

Basic Components of a Comprehensive Health Education Program

1. Health education should be a planned, sequential program, K-12. Crash programs, emphasizing special health topics only, should be avoided.

2. Individualized instruction is particularly relevant to health education. Class size should be maintained at a level which will provide adequate opportunities for interaction among students and between students and teachers.

3. Typical classrooms should be provided which facilitate the use of modern teaching and learning resources. The environmental setting should provide adequate heat, light, ventilation, and appropriate furniture to enhance learning.

4. Students should receive a grade for a health education course and one-half Carnegie unit of credit or equivalent for successfully completing the program at the high school level. Health education must be required for high school graduation.

5. Title IX[1] requires that health education classes be coeducational. The following is excerpted from a summary of Title IX Regulations:

> "Classes in health educaton...may not be conducted separately on the basis of sex, but the final regulation allows separate sessions for boys and girls at the elementary and secondary level during times when the materials and discussion deal exclusively with human sexuality."[2]

6. School districts must employ teachers with specific academic preparation in health education. Teachers qualify to teach either through certification in health education or by meeting minimal standards.[3]

7. Sufficient funds should be allocated to provide up-to-date and adequate instructional resources for teachers and students.

8. Each school district should appoint a qualified person to assume responsibility for the development, coordination, and implementation of the health education program. A qualified person could be any person with academic preparation and interest in health education. Ideally, the person should have a graduate degree in health education.

Curriculum

1. Instructional programs should include the curricular areas defined in the "Critical Health Problems and Comprehensive Health Education Act."

2. Curriculum development should focus on student achievement of desired behavioral objectives.

3. Relevant health concepts should be included at the most appropriate developmental levels of children and youth.

4. Health education should be responsive both to the needs of students and the demands of society. It should present current, accurate, scientific knowledge related to current health issues and problems.

5. Health instruction should focus on the positive aspects of optimal health. Health teaching should inculcate in youth the knowledge that they can exert significant influence and have some control over their future health. Desirable practices and attitudes formed early in life can prevent some serious complications in later life.

6. Students and citizens should be involved in curriculum development in order to assure the inclusion of instructional topics related to local health needs, interests, problems, and goals.

7. Teachers should be encouraged to explore innovative and creative instructional techniques which actively involve students in the achievement of established behavioral objectives. Such techniques as small discussion groups, independent study, team teaching, and values clarification activities based on teacher-student dialogue have been used successfully in many districts.

Curricular Emphasis

The "emphasis chart" which follows offers suggested grade level placement of the various curricular topics at Grades K-6. Local districts will be responsible for making final decisions concerning curricular emphasis based on the needs and interests of students. At all levels, incidental instruction is encouraged when appropriate.

At the middle, junior, and senior high school levels, the method of scheduling health education will determine, to a large extent, the manner in which curricular topics are incorporated into the program.

[1] *Federal Register,* Volume 40, Number 108, Part II. Department of Health, Education and Welfare, Office of the Secretary. "Nondiscrimination on the Basis of Sex," Education Programs and Activities Receiving or Benefiting from Federal Financial Assistance.

[2] U.S. Department of Health, Education, and Welfare. *HEW News,* Statement by Casper W. Weinberger, Secretary of Health, Education, and Welfare. June 3, 1975.

[3] Certification standards for teacher of health education are described in *Minimal Requirements for State Certification.* Illinois State Board of Education, August 1, 1980.

Minimal standards are described in *The Illinois Program for Evaluation, Supervision, and Recognition of Schools.* Illinois State Board of Education, Document Number 1.

If the block-of-time method of scheduling is employed, the placement of topics with the various grade level units will have to be determined at the local level. As an example, a program developed for two, nine-week blocks-of-time at Grades 10 and 12 might cover consumer health, dental health, drug use and abuse, smoking and disease, mental health, and nutrition during the Grade 10 experience. At grade 12, human ecology and health, human growth and development, personal health, public and environmental health, safety education, disaster survival, and prevention and control of disease could be taught.

When programs are organized on a block-of-time basis which includes shorter periods of time over three or four years, the curricular topics must be divided so that all will be included during the program.

In those situations where health education is offered as a one-semester course, all areas specified in the legislation must be included in the course.

Curriculum Emphasis for Curricular Areas (K-6)
(Areas Specified in the Legislation)

	Level I				Level II		
Major Curricular Topics*	K	1	2	3	4	5	6
Consumer Health Education[1]	X		X			X	
Dental Health Education	X	X	X			X	
Drug Use and Abuse, Alcohol	X	X	X			X	X
Human Ecology and Health		X		X		X	
Human Growth and Development	X			X		X	X
Mental Health and Illness	X	X		X			X
Nutrition	X		X		X		X
Personal Health	X	X	X			X	X
Prevention and Control of Disease	X	X				X	
Public and Environmental Health[2]			X		X		X
Safety Education and Disaster Survival[3]	L	L	L	L	L	L	L
Smoking and Disease				X	X	X	X

X — Indicates levels at which major emphasis should be placed.
L — Indicates legislation contained in *The School Code of Illinois*.

*Curricular topics specified in the legislation are arranged alphabetically.
[1]Section 27-12.1, *The School Code of Illinois*, specifies that consumer education be taught.
[2]Section 27-13.1, *The School Code of Illinois*, specifies that conservation be taught. Time requirements not specified.
[3]Section 27-23, *The School Code of Illinois*, requires that instruction shall be given in safety education in each Grade 1 through 8 equivalent to one class period each week, and in at least one of the years in grades 10 through 12.

Evaluation

The primary goal of evaluation is to assess behavioral change, health knowledge gained, and interests and attitudes developed as a result of instruction. Evaluation should be a continuous process.

Districts should plan for: (1) Preevaluation to determine student knowledge, attitudes, and practices relating to curriculum topics, (2) Self-evaluation to give the student an opportunity to assess his own performance, and (3) Post evaluation to determine the extent to which the instructional objectives have been attained.

Students, teachers, parents, and others should be involved in the evaluative process.

CRITICAL HEALTH PROBLEMS AND COMPREHENSIVE HEALTH EDUCATION ACT

P.A. 77-1405, eff. August 31, 1971

Sec.

861. Short title.
862. Definitions.
863. Comprehensive health education program.
864. Powers of the Superintendent of Public Instruction.
865. Advisory committee.
866. Rules and regulations.

AN ACT to create a critical health problems and comprehensive health education program in the schools of this State, and to define the powers and duties of the Office of the Superintendent of Public Instruction.

P.A. 77-1405.1, eff. August 31, 1971.

Be it enacted by the People of the State of Illinois, represented in the General Assembly.

861.1 **Short title.**

This Act shall be known and may be cited as the "Critical Health Problems and Comprehensive Health Education Act."

862.2 **Definition.**

The following terms shall have the following meanings respectively prescribed for them, except as the context otherwise requires:

(a) "Comprehensive Health Education Program:" a systematic and extensive educational program designed to provide a variety of learning experiences based upon scientific knowledge of the human organism as it functions within its environment which will favorably influence the knowledge, attitudes, values and practices of Illinois school youth; and which will aid them in making wise personal decisions in matters of health.

863.3 **Comprehensive health education program.**

The program established hereunder shall include, but not be limited to, the following major educational areas as a basis for curricula in all elementary and secondary schools in this State: human ecology and health, human growth and development, prevention and control of disease, public and environmental health, consumer health, safety education and disaster survival, mental health and illness, personal health habits, alcohol, drug use and abuse, tobacco, nutrition and dental health.

864.4 **Powers of the Superintendent of Public Instruction.**

In order to carry out the purposes of this Act, the Superintendent of Public Instruction is empowered to:

(a) Establish the minimum amount of instruction time to be devoted to comprehensive health education at all elementary and secondary grade levels.

(b) Establish guidelines to aid local school districts in developing comprehensive health education programs at all grade levels.

(c) Establish special in-service programs to provide professional preparation in the field of health education for teachers and administrators throughout the schools of the State.

(d) Develop cooperative health training programs between school districts and institutions of higher education whereby qualified health education personnel of such institutions will be available to guide the continuing professional preparation of teachers in health education.

(e) Encourage institutions of higher education to develop and extend curricula in health education for professional preparation in both inservice and pre-service programs.

[(f) Blank]

(g) Assist in the development of evaluative techniques which will insure that a comprehensive program in health education is being conducted throughout the State which meets the needs of Illinois youth.

(h) Make such additions to the staff of the Office of the Superintendent of Public Instruction to insure a sufficient number of health education personnel to effectuate the purposes of this Act.

No subdivision (f) appeared in the 1971 enactment of this section.

865.5 **Advisory committee.**

An advisory committee consisting of 11 members is hereby established as follows: the Chairman of the Illinois Commission on Children, the Director of the Illinois Department of Public Health, the Director of the Illinois Department of Mental Health, the Director of the Illinois Department of Children and Family Services, the Chairman of the Illinois Joint Committee on School Health and 6 members to be appointed by the Superintendent of Public Instruction to be chosen, insofar as is possible, from the following groups: colleges and universities, voluntary health agencies, medicine, dentistry, professional health associations, teachers, administrators, members of local boards of education, and lay citizens. The public members to be appointed by the Superintendent of Public Instruction shall, upon their appointment, serve until July 1, 1973, and, thereafter, new appointments of public members shall be made in like manner and such members shall serve for 4-year terms commencing on July 1, 1973, and until their successors are appointed and qualified. Vacancies in the terms of public members shall be filled in like manner as original appointments for the balance of the unexpired terms. The members of the advisory committee shall receive no compensation but shall be reimbursed for actual and necessary expenses incurred in the performance of their duties. Such committee shall select a chairman and establish rules and procedures for its proceedings not inconsistent with the provisions of this Act. Such committee shall advise the Office of the Superintendent of Public Instruction on all matters relating to the implementation of the provisions of this Act. They shall assist in presenting advice and interpretation concerning a comprehensive health education program to the Illinois public, especially as related to critical health problems. They shall also assist in establishing a sound understanding and sympathetic relationship between such comprehensive heath education program and the public health, welfare and educational programs of other agencies in the community.

866.6 **Rules and Regulations.**

In carrying out the powers and duties of the Superintendent of Public Instruction and the advisory committee established by this Act, the Superintendent and such committee are authorized to promulgate rules and regulations in order to implement the provisions of this Act.

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DATE OF EVALUATION
ATTENDANCE CENTER
EVALUATOR(S)

HEALTH EDUCATION PROGRAM EVALUATION

This form is intended for local district use as an (elementary, junior high/middle school, and high school) self-evaluation instrument to identify Health Education program strengths and weaknesses. Each item should be rated on a scale from 1 to 5. Suggested scale is:

5 To a great extent 4 3 To some extent 2 1 Not at all

Please review the "Rules, Regulations, and Legislation Concerning Comprehensive Health Education in Illinois" provided for your use. Then, insert a number from 1 to 5 on the line beside each item.

PHILOSOPHY, GOALS AND OBJECTIVES

_____ 1. To what extent do the objectives for the health education program follow the intent of Section 861 in The School Code of Illinois?

_____ 2. To what extent does the school have a written statement of philosophy and objectives for the health education program?

_____ 3. To what extent have student learning objectives been developed for the health education program curriculum?

_____ 4. To what extent do students, teachers, parents, and other community citizens participate in developing goals, philosophy, and objectives for the health education program?

_____ 5. To what extent are health education program philosophy and objectives communicated to students, teachers, parents, and other community citizens?

_____ 6. To what extent are health-related activities which are taught in other disciplines articulated so as to reinforce the health education program curriculum?

_____ 7. To what extent are health education program philosophy and objectives communicated to other subject matter areas?

_____ 8. To what extent are community health resources and citizens involved in identifying major health education problems and establishing priorities?

_____ 9. To what extent do the current philosophy and objectives of the health education program focus on assisting students to make responsible decisions related to matters of health?

PROFESSIONAL PREPARATION - LEADERSHIP

_____ 10. To what extent have health education teachers met minimal preparation standards as defined in the State Board of Education Document Number 1, Section 7-3.9?

_____ 11. To what extent is the health education program coordinated by a person with specific academic training in health education?

_____ 12. To what extent are some members of the staff certified in health education?

_____ 13. To what extent do the teachers of health education participate in professional growth activities?

_____ 14. To what extent do the teachers of health education make personal assessments of professional growth needs?

_____ 15. To what extent have the teachers of health education been involved in planning their own in-service programs?

_____ 16. To what extent do the teachers of health education have sufficient time allotted for classroom preparation and curriculum improvement activities?

_____ 17. To what extent is a professional library with current publications maintained for the health education staff?

_____ 18. To what extent do health education teachers participate in in-service programs which emphasize innovative instructional techniques such as values clarification, individualized instruction, conceptual approach, and using the community as a laboratory?

_____ 19. To what extent are teachers of health education given released time to attend pertinent professional meetings?

PROGRAM - CURRICULUM

_____ 20. To what extent does the health education curriculum adhere to the topics listed in Section 863-3 of The School Code of Illinois?

_____ 21. To what extent is health education included in the curriculum as required by Section 4-2.17 of The State Board of Education Document Number 1 in grades K-12?

_____ 22. To what extent do the scheduling procedures for health education adhere to the requirements in Section 4-2.17 of The State Board of Education Document Number 1?

_____ 23. To what extent is there evidence of a sequential and coordinated program in health education, Grades K-12?

_____ 24. To what extent has a written course of study been developed and made available to all teachers of health education?

_____ 25. To what extent are the services of community health resources, including their materials, incorporated into the health education curriculum?

_____ 26. To what extent does the teaching methodology employed by health education program teachers help students to develop positive attitudes, habits and practices related to health issues?

_____ 27. To what extent does the school district evaluate the effectiveness of the health education program?

_____ 28. To what extent are evaluation results used in diagnosing areas in the health education curriculum requiring attention?

_____ 29. To what extent are specific grades given in health education at all levels of instruction?

_____ 30. To what extent is student input encouraged in planning the health education curriculum?

_____ 31. To what extent are relevant health topics included at the most appropriate developmental levels of students?

_____ 32. To what extent are students given the opportunity to identify, clarify, and test their attitudes and values in a supportive classroom environment?

_____ 33. To what extent does the health education program make provisions for the gifted and/or special student?

_____ 34. To what extent is individualized instruction used?

EQUIPMENT - FACILITIES - BUDGET

_____ 35. To what extent does the district budget provide resources for conducting a comprehensive health education program?

_____ 36. To what extent are relevant and accurate audiovisual aids (e.g., films, slides, models, etc.) available for health education instruction?

_____ 37. To what extent are up-to-date health education textbooks and/or other materials maintained in the classroom?

_____ 38. To what extent do the instructional materials contain current, accurate books, publications, and pamphlets on topics related to health education?

_____ 39. To what extent is the health education staff involved in the selection of health related educational materiels and equipment?

_____ 40. To what extent are health education teachers provided office space?

_____ 41. To what extent are clerical services provided for health education teachers?

_____ 42. To what extent does health education instruction take place in regular classrooms which provide adequate space, light, ventilation, heat, acoustical properties, and storage facilities?

RULES, REGULATIONS, AND LEGISLATION CONCERNING COMPREHENSIVE HEALTH EDUCATION IN ILLINOIS

I. State Board of Education Document Number I - "The Illinois Program for Evaluation, Supervision, and Recognition of Schools"

Section 4-2.17: Basic Standards/Health Education

Each school system shall be in compliance with the Rules and Regulations and Guidelines issued pursuant to the "Critical Health Problems and Comprehensive Health Education Act" (Section 861 of The School Code of Illinois).

a. The health education program shall include, but not be limited to, the following major educational areas as a basis for curricula in all elementary and secondary schools: human ecology and health, human growth and development, prevention and control of disease, public and environmental health, consumer health, safety education and disaster survival, mental health and illness, personal health habits, alcohol, drug use and abuse, tobacco, nutrition, and dental health.

b. There is no specific time requirement for grades K-6; however, health education shall be a part of the formal regular instructional program at each grade level.

c. The minimal time allocation shall not be less than 1 semester or equivalent during the middle or junior high experience.

d. The minimal time allocation shall not be less than 1 semester or equivalent during the high school experience.

Section 7-3.9: Minimum Requirements for Secondary Teachers / Health Education

20 semester hours in the field

Required Health Education Component

One course from each of the following areas to total 10-14 semester hours:

a. Advanced Concepts of Health
b. Programs in School Health
c. Programs in Community Health
d. Curriculum Development and Evaluation in Health Education

Additional Health Education Components

One course from at least three of the following areas to total 6-10 semester hours:

a. The Growing and Developing Organism
b. Ecological Relationships
c. Disease Control
d. Human Sexuality and Family Life
e. Food Practices and Eating Patterns
f. Consumer Health Sources and Resources
g. Safety
h. Mood-Modifying Substances
i. Personal Health Practices
j. Mental/Emotional Health

II. The School Code of Illinois – "Critical Health Problems and Comprehensive Health Education Act"

Section 862-2. Definitions:

The following terms shall have the following meanings respectively prescribed for them, except as the context otherwise requires:

a. Comprehensive Health Education Program: a systematic and extensive educational program designed to provide a variety of learning experiences based upon scientific knowledge of the human organism as it functions within its environment which will favorably influence the knowledge, attitudes, values and practices of Illinois school youth; and which will aid them in making wise personal decisions in matters of health.

Section 863-3. Comprehensive Health Education Programs:

The program established hereunder shall include but not be limited to, the following major educational areas as a basis for curricula in all elementary and secondary schools in this State: human ecology and health, human growth and development, prevention and control of disease, public and environmental health, consumer health, safety education and disaster survival, mental health and illness, personal health habits, alcohol, drug use and abuse, tobacco, nutrition and dental health.

Section 864-4. Powers of the Superintendent of Public Instruction:

In order to carry out the purposes of this Act the Superintendent of Public Instruction is empowered to:

a. Establish the minimum amount of instruction time to be devoted to comprehensive health education at all elementary and secondary grade levels.

b. Establish guidelines to aid local school districts in developing comprehensive health education programs at all grade levels.

c. Establish special in-service programs to provide professional preparation in the field of health education for teachers and administrators throughout the schools of the State.

d. Develop cooperative health training programs between school districts and institutions of higher education whereby qualified health education personnel of such institutions will be available to guide the continuing professional preparation of teachers in health education.

e. Encourage institutions of higher education to develop and extend curricula in health education for professional preparation in both in-service and pre-service programs.

f. (Blank)

g. Assist in the development of evaluative techniques which will insure that a comprehensive program in health education is being conducted throughout the State which meets the needs of Illinois youth.

h. Make such additions to the staff of the Office of the Superintendent of Public Instruction to insure a sufficient number of health education personnel to effectuate the purposes of this Act.

SUGGESTED CONTENT OF CURRICULAR CATEGORIES REQUIRED BY THE
"CRITICAL HEALTH PROBLEMS AND COMPREHENSIVE HEALTH EDUCATION ACT"

PERSONAL HEALTH HABITS

This category includes those individual, routine practices which influence the quality of life. Such topics as physical fitness, cardiovascular health, personal appearance, sleep, rest, relaxation, cleanliness, maintenance of vision and hearing, and periodic health examinations are included. The skills necessary to make wise decisions about all matters of health are important. The program should help students realize that habits developed early in life have profound effects upon their future health statuses.

CONSUMER HEALTH EDUCATION

This category includes a wide range of topics which relate to individual responsibility in selecting and using health products, services, and health information. The role of advertising as related to health products is an important topic. Additional topics include developing criteria for selecting health practitioners, cost and budgeting for health care, health insurance protection, and consumer protection at the federal, state, and local levels. Quackery and fraud as related to health products and services are important. An introduction to health careers could be included.

DENTAL HEALTH EDUCATION

This category emphasizes those products, practices, and services which are involved in regular oral health care and maintenance. Specific topics include selecting a dentist, tooth development, effects of brushing and flossing, the need for regular dental examinations, fluoridation, oral diseases, malocclusion, halitosis, safety as related to dental health, the importance of diet in dental health, community oral health programs and services, and an evaluation of oral health products.

DRUG AND ALCOHOL USE AND ABUSE

This category includes a consideration of those forces and factors which motivate people to use, abuse, or refrain from using drugs for nonmedical purposes. Emphasis should be placed on a wide range of substances, such as tobacco, alcohol, tranquilizers, depressants, stimulants, hallucinogens, coffee, tea and carbonated beverages, and their potential effects on the body.

The possible effects on the fetus (fetal alcohol syndrome) of alcohol use by the mother during pregnancy should be presented at appropriate age levels.

The role of peer pressure as related to substance use or non-use should be discussed. Alternatives to alcohol/drug use and abuse should be included, as well as students' roles in alcohol/drug abuse prevention. Students must be helped to understand the legal ramifications related to the possession and/or use and abuse of substances.

HUMAN ECOLOGY AND HEALTH

This category considers the relationship of people to their environments and the effects upon the quality of life. Topics include changing life styles, food production, technological advances, urban living, and concerns of the future. Instruction should emphasize the importance of world-wide ecology.

HUMAN GROWTH AND DEVELOPMENT

This category embraces mental/emotional, physical, and social growth and development and considers the dynamics of the life cycle from conception to death with references to similarities and differences during each stage of the cycle. Such topics as difference in rates of growth, heredity, the uniqueness of individuals, and the relationship of growth and development to the total life cycle should be discussed.

In Illinois, sex education-family life is governed by the "Sex Education Act" and the Policy Statement and General Guidelines on Family Life and Sex Education.

MENTAL HEALTH AND ILLNESS

This category includes all phases of health as they relate to the total human organism. It identifies forces and factors which promote mental/emotional health. Specific topics include positive self-concept, child-parent relationships, individual worth, personality, emotional stability, responsibility, motivation, and stresses in life, such as loneliness, hostility, anxiety, fear, depression, conflict, guilt, and rejection.

The instructional program should help students develop skills which will enable them to cope successfully with problems. Community mental health resources and the services offered should be identified.

NUTRITION

This category considers the role of food in health, the impact of technological and social factors on nutritional behavior, and the relationship of food to socioeconomic and cultural patterns.

Specific topics include maintaining optimal weight; nutritional needs at various stages of life (e.g., pregnancy); appetite; hunger; anorexia; food preferences; fads and fallacies; food groups; food preparation; and local, state, and federal resources which protect the consumer. Decision-making skills in food selection, storage, cost, and preparation are extremely important.

PREVENTION AND CONTROL OF DISEASE

This category emphasizes the importance of preventing disease and the tremendous expense associated with disease and disability. Specific topics include trends in morbidity, mortality, and longevity; causes of disease; preventive measures, such as immunizations; chronic diseases; communicable diseases; degenerative diseases; the need for regular medical examinations;

and advances in medicine, dentistry, and public health. At the present time, sexually transmissible diseases (STD's) constitute a major public health problem. Instruction about the sexually transmissible diseases is needed at appropriate age levels. The roles of official and voluntary health agencies should be discussed, as well as federal, state, regional, and local health resources which regularly provide services to citizens.

PUBLIC AND ENVIRONMENTAL HEALTH

This category considers the concerns and responsibilities of agencies involved in providing health services at local, state, regional, federal, and international levels. Specific topics include pollutants to the air, soil, and water, such as solid waste, noise, radiation, pesticides, smog, and smoke.

This category emphasizes individual and community responsibilities necessary to protect the environment.

SAFETY EDUCATION AND DISASTER SURVIVAL

Accidents are the leading cause of death in the school-age population. This category should emphasize the ways safety can be maintained through the control of hazards and an awareness of accident potential. Topics include safety in the home, school, community, and traffic, farm, occupational, and recreational safety. Special emphasis should be devoted to bicycle, motorcycle, and car safety including, at appropriate age levels, the effects of drugs and alcohol on driving. Measures such as cardiopulmonary resuscitation (CPR), standard first aid, and community services designed to address emergency situations should be included.

Disaster-producing elements, such as fire, flood, wind, tornadoes, earthquakes, and radiation, should be discussed along with federal, regional, and local resources which provide services that enable people to cope with disaster situations. Local resources, such as police, fire protection, emergency communication services, and civil defense, should be included in the instruction program.

SMOKING AND DISEASE

This category considers those factors and forces which motivate people to use or not use tobacco. Specific topics which should be addressed include the effects of smoking on body organs and systems, and the resulting problems, such as cancer, cardiovascular disease, respiratory diseases, and emphysema. Peer pressure as it relates to smoking and decision making should be included. Voluntary and official agencies which provide services (such as smoking cessation clinics) and educational programs should be identified. The possible long-term effects of risk-taking behavior should be discussed.

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